

**ISSUE SLIP STAPLE AREA (for additional cross references)**

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	WJ		1-14-00
O.I.P.E. CLASSIFIER	JW	19	2-8-00
FORMALITY REVIEW		CS746	
RESPONSE FORMALITY REVIEW			

## **INDEX OF CLAIMS**

✓ .....	Rejected	N .....	Non-elected
= .....	Allowed	I .....	Interference
— (Through numeral)...	Canceled	A .....	Appeal
÷ .....	Restricted	O .....	Objected

Claim	Date
Original	6/11/57
1	6/12/57
2	N
3	V
4	N
5	N
6	N
7	V
8	V
9	N
10	V
11	N
12	N
13	V
14	V
15	N
16	V
17	V
18	V
19	N
20	V
21	N
22	N
(23)	N
(24)	V
(25)	V
26	V
27	N
28	N
29	V
30	N
31	N
(32)	V
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38	N
39	V
40	V
41	N
42	N
43	N
44	V
45	N
46	V
47	N
48	V
49	N
50	N

Claim		Date
Final Original		
51		1/2 2/1 •7
52		✓
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57		✓
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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